

Return of Organization Exempt From Income Tax**2009**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public InspectionFor the **2009** calendar year, or tax year beginning **10/01**, **2009**, and ending **9/30**, **2010**

| | | | | |
|--|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C The National Cancer Coalition, Inc. 333 Fayetteville Street #1500 Raleigh, NC 27601 | D Employer Identification Number 76-0435022 | E Telephone number (919) 821-2182 | G Gross receipts \$ 180,609,795. |
| F Name and address of principal officer Same As C Above | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions) | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ► | | |
| J Website: ► nationalcancercoalition.org | | K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | |
| L Year of Formation 1993 | | M State of legal domicile DE | | |

Part I Summary

| | | | | |
|------------------------------------|--|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities <u>The mission of The National Cancer Coalition ("NCC") is to meet the unfilled needs of patients and their families impacted by cancer and diseases worldwide, thereby reducing the suffering in areas of relief, research and education.</u> | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0. | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) | Prior Year 169,934,970. 261,600. 14,614. 117,308. 170,328,492. | Current Year 180,197,751. 259,600. 30,157. 122,287. 180,609,795. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 3,045,800. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses — Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 | 164,565,869. 775,246. 1,762,522. 2,834,100. 169,937,737. 390,755. | 174,225,387. 809,266. 1,319,984. 4,150,977. 180,505,614. 104,181. | |
| Not Assets or Fund Balances | 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 | Beginning of Year 4,009,071. 632,594. 3,376,477. | End of Year 4,447,291. 966,633. 3,480,658. | |

Part II Signature Block

| | | | |
|---|--|---|--|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| Sign Here | Signature of officer <u><i>Hall Overall</i></u> | Date <u>5/19/2011</u> | |
| | Type or print name and title <u>Hall Overall, CPA</u> CFO | | |
| Paid Preparer's Use Only | Preparer's signature <u><i>Cecil J. Cavanaugh</i></u> Firm's Name <u>Cecil J Cavanaugh, MBA, CPA, APC</u> address, and <u>10165 Grandeur Dr.</u> Zip + 4 <u>Baton Rouge, LA 70815</u> | Date <u>5/18/2011</u> Check if self employed <input type="checkbox"/> Preparer's identifying number (see instructions) <u>N/A</u> EIN ► <u>N/A</u> Phone no ► <u>(919) 555-1212</u> | |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

SCANNED JUN 29 2011

917-24

7

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 138,463,297. including grants of \$ 137,963,137.) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ 35,703,063. including grants of \$ 35,574,668.) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ 690,046. including grants of \$ 687,582.) (Revenue \$)

See Schedule O

4d Other program services (Describe in Schedule O) See Schedule O

(Expenses \$ 624,437. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 175,480,843.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | | X |
| 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | X | |
| <ul style="list-style-type: none"> Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X | | |
| 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | X | |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional | Yes | No |
| | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | | X |
| 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|-------------|---|-----|----|
| 1 a | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 1 | |
| 1 b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | |
| 1 c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 5 | |
| 2 b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions) | X | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3 b | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | X |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5 b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5 c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| 6 b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7 b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | |
| 7 c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7 d | If 'Yes,' indicate the number of Forms 8282 filed during the year | | |
| 7 e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7 f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7 g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7 h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | X | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9 a | Did the organization make any taxable distributions under section 4966? | | |
| 9 b | Did the organization make any distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10 a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10 b | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11 a | Gross income from other members or shareholders | | |
| 11 b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12 b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | |

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | Yes | No |
|--|-----|----|
| 1 a Enter the number of voting members of the governing body | 5 | |
| 1 b Enter the number of voting members that are independent | 5 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 Does the organization have members or stockholders? | | X |
| 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| 7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-----|----|
| 10 a Does the organization have local chapters, branches, or affiliates? | | X |
| b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O | | |
| 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O | X | |
| 13 Does the organization have a written whistleblower policy? | X | |
| 14 Does the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | X | |
| b Other officers of key employees of the organization See Schedule O | X | |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ Hall Overall 333 Fayetteville Street, Suite 1500 Raleigh NC 27601 (919) 821-2182

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

[illegible]

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---------------------------|----------------------|--|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns | 1a 169,881. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 3,944,887. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 176082983. | | | | |
| | g Noncash contribns included in lns 1a-1f. | \$ 175837912. | | | | |
| | h Total. Add lines 1a-1f | | 180197751. | | | |
| PROGRAM SERVICE REVENUE | | Business Code | | | | |
| | 2 a Material Handling Reim. | 900099 | 259,600. | 259,600. | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d ----- | | | | | |
| | e ----- | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 259,600. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 30,157. | 30,157. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | 122,287. | 122,287. | | |
| | | (i) Real (ii) Personal | | | | |
| | 6 a Gross Rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | | (i) Securities (ii) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory | | | | | |
| | b Less cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a ----- | | | | | | |
| b ----- | | | | | | |
| c ----- | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 180609795. | 412,044. | 0. | 0. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 715,579. | 715,579. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 173,509,808. | 173,509,808. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 584,989. | 384,835. | 132,584. | 67,570. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 89,855. | 34,809. | 41,886. | 13,160. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 72,941. | 28,147. | 29,259. | 15,535. |
| 10 Payroll taxes | 61,481. | | 61,481. | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 10,495. | | 10,495. | |
| c Accounting | 18,324. | | 18,324. | |
| d Lobbying | | | | |
| e Prof fundraising svcs. See Part IV, ln 17 | 1,319,984. | | | 1,319,984. |
| f Investment management fees | | | | |
| g Other | 20,090. | | 20,090. | |
| 12 Advertising and promotion | 14,266. | | 8,936. | 5,330. |
| 13 Office expenses | 19,445. | 4,861. | 9,723. | 4,861. |
| 14 Information technology | 6,013. | 4,510. | 902. | 601. |
| 15 Royalties | | | | |
| 16 Occupancy | 62,292. | 46,719. | 9,344. | 6,229. |
| 17 Travel | 97,285. | 51,729. | 35,710. | 9,846. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 8,611. | | 8,611. | |
| 20 Interest | 9,596. | | 9,596. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 23,979. | | 23,979. | |
| 23 Insurance | 16,679. | | 16,679. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a Postage and Shipping | 1,316,464. | 359,110. | 108,422. | 848,932. |
| b Unusable Product | 1,256,729. | | 1,256,729. | |
| c Printing and Publications | 532,169. | 146,897. | 46,328. | 338,944. |
| d Mail Consulting | 253,148. | 65,297. | 20,946. | 166,905. |
| e Data Processing | 175,281. | 38,391. | 38,760. | 98,130. |
| f All other expenses | 310,111. | 90,151. | 70,187. | 149,773. |
| 25 Total functional expenses. Add lines 1 through 24f | 180,505,614. | 175,480,843. | 1,978,971. | 3,045,800. |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 2,420,872. | 624,437. | 200,311. | 1,596,124. |

BAA

Form 990 (2009)

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| ASSETS | 1 Cash — non-interest-bearing | 71,429. | 1 | 143,607. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 277,363. | 4 | 151,345. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 3,007,227. | 8 | 3,419,520. |
| | 9 Prepaid expenses and deferred charges | 80,678. | 9 | 90,312. |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 148,494. | | |
| | b Less accumulated depreciation | 10b 67,043. | 10c 40,971. | 81,451. |
| | 11 Investments — publicly-traded securities | 528,950. | 11 | 558,909. |
| | 12 Investments — other securities See Part IV, line 11 | | 12 | |
| | 13 Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 2,453. | 14 | 2,147. |
| | 15 Other assets See Part IV, line 11 | | 15 | |
| 16 Total assets Add lines 1 through 15 (must equal line 34) | 4,009,071. | 16 | 4,447,291. | |
| LIABILITIES | 17 Accounts payable and accrued expenses | 422,594. | 17 | 751,636. |
| | 18 Grants payable | | 18 | 24,997. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 210,000. | 23 | 190,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 632,594. | 26 | 966,633. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,376,477. | 27 | 3,480,658. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, and equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances. | 3,376,477. | 33 | 3,480,658. |
| | 34 Total liabilities and net assets/fund balances | 4,009,071. | 34 | 4,447,291. |

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | X | |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

BAA

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 4 Total. Add lines 1 through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.) | 119656895. | 120019423. | 151959853. | 169819050. | 180197751. | 741652972. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | 0. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 Total. Add lines 1 through 5 | 119656895. | 120019423. | 151959853. | 169819050. | 180197751. | 741652972. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | 39418938. | 40623469. | 69438867. | 60724723. | 72469957. | 282675954. |
| c Add lines 7a and 7b | 39418938. | 40623469. | 69438867. | 60724723. | 72469957. | 282675954. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 458977018. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|------------|------------|------------|------------|------------|
| 9 Amounts from line 6 | 119656895. | 120019423. | 151959853. | 169819050. | 180197751. | 741652972. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 149,374. | 252,713. | 316,561. | 131,922. | 152,444. | 1,003,014. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 149,374. | 252,713. | 316,561. | 131,922. | 152,444. | 1,003,014. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | 742655986. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). | 15 | 61.8 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 64.3 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.1 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 0.2 % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

The National Cancer Coalition, Inc.

76-0435022

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

☐ a Public exhibition

☐ d Loan or exchange programs

☐ b Scholarly research

☐ e Other _____

☐ c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|----|------------------|----------------|--------------------|----------------------|---------------------|
| 1a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 60,994. | | 42,000. | 18,994. |
| e Other | 87,500. | | 25,043. | 62,457. |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 81,451. |

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) | | |

Part IX Other Assets (See Form 990, Part X, line 15) N/A

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) | |

Part X Other Liabilities (See Form 990, Part X, line 25)

| (a) Description of Liability | (b) Amount |
|---|------------|
| Federal Income Taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | |
|----|--|--------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 180,609,795. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 180,505,614. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 104,181. |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net). Add lines 4 through 8 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 104,181. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 180,609,795. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 180,609,795. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 180,609,795. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 180,505,614. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 180,505,614. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 180,505,614. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| | |
|-----------------|--|
| Part XIV | Supplemental Information <i>(continued)</i> |
|-----------------|--|

[illegible]

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | Asia | Med. | | | 97,200. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central | Med. | | | 1,390,337. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 17,053,216. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 1,934,623. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 20,774,856. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 2,249,425. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 2,329,811. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |
| | | | Central | Med. | | | 2,391,414. | Medicines | Pg 4 |
| | | | America | Relief | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 35

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

Part I, Line 2 - Grantmakers Explanation For Grants Outside US

Typically, documentation of receipt and distribution of grants is obtained. NCC may conduct announced and unannounced site visits at program medical facilities as required or deemed necessary. Medical facility personnel may provide information on use of the donation. When appropriate, a donation may be publicized locally to increase accountability.

Additional Supplemental Information

Non cash grants are valued at average wholesale value, using publicly available price guides

| Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | | |
|---|--------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | Central America | Med. | | | 2,533,128. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 29,053. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 3,041,962. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 3,296,941. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 3,296,941. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 5,601,502. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 642,306. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 66,018. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | | 8,251,312. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Central America | Med. | | 3,500. | Bank Check | | Pg 4 |

Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | | Relief | | | | | |
| | | | Central America | Med. | 5,000. | Bank Check | | | Pg 4 |
| | | | | Relief | | | | | |
| | | | East Asia and | Med. | 3,000. | Bank Check | | | Pg 4 |
| | | | Pacific | Relief | | | | | |
| | | | North America | Med. | | | 1,116,775. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Russia & NIS | Med. | | | 1,865,117. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | SE Asia & Pac | Med. | | | 2,759,505. | Medicines | Pg 4 |
| | | | Islands | Relief | | | | | |
| | | | South America | Med. | | | 1,425,808. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Med. | | | 262,000. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Med. | | | 31,996,187. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Med. | | | 3,377,471. | Medicines | Pg 4 |
| | | | | Relief | | | | | |

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | South America | Med. | | | 786,000. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Med. | | | 854,137. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Med. | 5,000. | Check | | | Pg 4 |
| | | | | Relief | | | | | |
| | | | South America | Medical | | | 343,200. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Sub S. Africa | Med. | | | 16,805,902. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Sub S. Africa | Med. | | | 2,739,315. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Sub S. Africa | Med. | | | 393,328. | Medicines | Pg 4 |
| | | | | Relief | | | | | |
| | | | Sub-Sah. Africa | Med. | | | 6,000. | | Pg 4 |
| | | | | Relief | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Mail solicitations | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input checked="" type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| Courtsey Health Watch | Telemarketing | | X | 1,154,326. | 984,266. | 170,060. |
| Bee LC | Telemarketing | | X | 374,118. | 335,718. | 38,400. |
| Creative Direct Response | Direct Mail | | X | 2,416,443. | 236,873. | 2,179,570. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 3,944,887. | 1,556,857. | 2,388,030. |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL AK AZ CA CO CT FL GA HI IL KS KY LA ME MD MA MI MN MS NH NJ NM NY ND NC OK OH
OR PA RI SC TN UT VA WI WA WV

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|--|---|--------------|--------------|------------------|-------------------------------|
| | | (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| | 1 Gross receipts | | | | |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4- through 9 in column (d) | | | | |
| 11 Net income summary. Combine lines 3, column (d) and line 10 | | | | | ▶ |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming | |
|-----------------|---|---|---|---|-------------------------------|---|
| | | | | | (Add col (a) through col (c)) | |
| | 1 Gross revenue | | | | | |
| DIRECT EXPENSES | 2 Cash prizes | | | | | |
| | 3 Non-cash prizes | | | | | |
| | 4 Rent/facility costs | | | | | |
| | 5 Other direct expenses | | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | ▶ |
| | 8 Net gaming income summary. Combine lines 1, column (d) and line 7 | | | | | ▶ |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | YES | NO |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

BAA

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Camp Boggv Creek (HINWG) ----- 30500 Brantley Branch Road ----- Eustis, FL 32736 | 59-3012889 | 501 (c) (3) | 0. | 44,000. | FMV | Pharmaceutical | Patient Relief |
| Camp Brave Eagle (IHTC) ----- 8402 Harcourt Rd Ste 500 ----- Indianapolis, IN 46260 | 35-2047838 | 501 (c) (3) | 0. | 15,780. | FMV | Pharmaceutical | Patient Relief |
| Camp High Hopes, Inc. ----- PO Box 791 ----- Syracuse, NY 13201 | 16-1266169 | 501 (c) (3) | 0. | 68,500. | FMV | Pharmaceutical | Medical Relief |
| Camp Independence (HFNV) ----- 7465 W Lake Mead Blvd Ste 223 ----- Las Vegas, NV 89128 | 94-3149723 | 501 (c) (3) | 0. | 47,320. | FMV | Pharmaceutical | Medical Relief |
| Camp Ivy (BDFW) ----- 9659 Firdale Ave ----- Edmonds, WA 98020 | 91-6068857 | 501 (c) (3) | 0. | 49,400. | FMV | Pharmaceutical | Medical Relief |
| Camp Pascucci (HASDC) ----- 3570 Camino Del Rio North # 108 ----- San Diego, CA 92108 | 23-7252243 | 501 (c) (3) | 0. | 40,760. | FMV | Pharmaceutical | Patient Relief |
| Camp Wannaklot (HoG) ----- 8800 Roswell Road, Suite 170 ----- Atlanta, GA 30350 | 58-1175625 | 501 (c) (3) | 0. | 44,410. | FMV | Pharmaceutical | Patient Relief |
| Camp Warren (HFoI) ----- 4820 N Rockwell St # 1 ----- Chicago, IL 60625 | 36-2390156 | 501 (c) (3) | 0. | 68,500. | FMV | Pharmaceutical | Patient Relief |

2 Enter total number of section 501(c)(3) and government organizations

28

3 Enter total number of other organizations

0

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

| Name of the organization | | Employer identification number | | | | | |
|--|------------|--------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| The National Cancer Coalition, Inc. | | 76-0435022 | | | | | |
| Part I Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| East Carolina University Camps 2100 Stantonburg Rd Greenville, NC 27834 | 91-1997979 | 501 (c) (3) | | 20,260. | FMV | Pharmaceutica 1 | Medical Relief |
| Hemophilia Foundation of N Calif 6400 Hollis St Suite 6 Emeryville, CA 94608 | 91-1638703 | 501 (c) (3) | | 16,200. | FMV | Pharmaceutica 1 | Patient Relief |
| Hospice of Palm Beach County 5300 East Avenue Palm Beach, FL 33407 | 59-1825937 | 501 (c) (3) | | 16,464. | FMV | Pharmaceutica 1 | Patient Relief |
| Louisiana Hemophilia Found. Camp 3636 S Sherwood Forest Blvd Baton Rouge, LA 70816 | 51-0207472 | 501 (c) (3) | | 49,400. | FMV | Pharmaceutica 1 | Medical Relief |
| OR Health & Sci. University Camp 1121 Sw Salmon St, Suite 200 Portland, OR 97205 | 23-7083114 | 501 (c) (3) | | 29,560. | FMV | Pharmaceutica 1 | Medical Relief |
| Paint Turtle Camp 1300 4th Street Santa Monica, CA 90401 | 95-4612481 | 501 (c) (3) | | 33,880. | FMV | Pharmaceutica 1 | Patient Relief |
| U. North Carolina Camp Carefree PO Box 899 Chapel Hill, NC 27514 | 56-1717285 | 501 (c) (3) | | 45,228. | FMV | Pharmaceutica 1 | Patient Relief |
| Utah Hemophilia Foundation 772 E 330 S Ste 210 Salt Lake City, UT 84106 | 87-6127162 | 501 (c) (3) | | 12,620. | FMV | Pharmaceutica 1 | Patient Relief |
| Vanderbilt Life Flight 2100 W End Ave, Suite 750 Nashville, TN 37203 | 62-1176354 | 501 (c) (3) | | 27,400. | FMV | Pharmaceutica 1 | Medical Relief |
| Vanderbilt-Ingram Cancer Center 2301 Vanderbilt Place Nashville, TN 37235 | 62-0476822 | 501 (c) (3) | 5,800. | | | | Research |

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009**Open to Public Inspection**

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I Questions Regarding Compensation

- 1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?

- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?

- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

- 7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| 8 | | X |
| 9 | | X |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

6a, 6b, 7, and 8. Also complete

This image shows a single sheet of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009**Open To Public
Inspection**

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|-----------------------------------|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution— Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 84 | 176,082,983. | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

| | Yes | No |
|--|-----|----|
|--|-----|----|

| | | |
|-----|--|---|
| 30a | | X |
|-----|--|---|

| | | |
|----|---|--|
| 31 | X | |
|----|---|--|

| | | |
|-----|--|---|
| 32a | | X |
|-----|--|---|

| | | |
|----|--|--|
| 33 | | |
|----|--|--|

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part III, Line 1 - Organization Mission

Primary Exempt Purpose. The mission of The National Cancer Coalition ("NCC") is to meet the unfilled needs of patients and their families impacted by cancer and disease, thereby reducing the suffering in areas of relief, research and education. Through a network of strategic alliances and partnerships, NCC's programs improve the quality of life of patients with cancer and other serious diseases throughout the the world, physically, emotionally and financially. NCC also works to reduce the incidence of cancer and chronic disease by distributing education and prevention information, thereby empowering individuals to make better choices regarding health and wellness. Through its programs, NCC seeks to improve conditions for those suffering from cancer and serious diseases throughout the world.

Form 990, Part III, Line 4a - Program Service Accomplishments

a.) NCC Cares - providing medical assistance to the needy of the developing world. The National Cancer Coalition (NCC), through its NCC Cares international medical assistance program, provides medical relief and assistance to overseas under-served patients. NCC Cares is committed to supplying hospitals and clinics in the world's impoverished areas with the tools and resources needed to support medical professionals and facilities in the treatment and prevention of cancer and other serious diseases. We provide chemotherapies, specialty pharmaceuticals, chronic and essential medicines, vaccines, laboratory and diagnostic equipment, and much needed medical supplies to some of the poorest areas in the world. NCC's Global Cancer Relief Network provides a platform for the formation of public, private, and governmental collaborative partnerships to further fulfill the requirements of cancer patients worldwide. Our Chronic & Essential Medicine Access Program provides all types of medicines required meet the healthcare needs of underserved patients. This program has been especially impactful in Latin America, but has provided support to

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

hundreds of public hospitals and clinics in all regions of the world. In the last year we have expanded our network to numerous partner hospitals in Ghana and Tanzania and are seeking to continue this Africa expansion in the coming years.

NCC has provided assistance in over 50 developing world countries since the inception of its international assistance programs, but conducts the majority of its relief programs in the countries of: the Dominican Republic, El Salvador, Ghana, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, Peru, and the Philippines. NCC supports local representatives in the Dominican Republic, Ghana, Nicaragua, and Paraguay to help oversee our extensive programs in those countries. As an active PVO, we have participated in U.S. State Department's humanitarian airlifts of pharmaceuticals and medical supplies to the countries of the former Soviet Union, and in the past received USAID funding so support our programs in Latin America. NCC partners with many non-profit and for-profit organizations in the United States and abroad in carrying out its programs. Our goal is to secure and distribute the medical goods that are required for good health by underserved overseas patients, who otherwise would go without.

Since its inception, NCC Cares has provided over \$825 million worth of requested and much needed prescription pharmaceuticals. NCC Cares has provided tens of thousands of overseas cancer patients with the medicines that they require to have the opportunity to become cancer-free. In addition, NCC's program has helped millions of individuals to secure the medicines that they require to treat serious illnesses, infections and or chronic diseases. As an active member of the Partnership for Quality Medical Donations (www.pqmd.org), we are committed to the development, dissemination and adherence to the highest standards in the delivery of medical

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

products to under-served people around the world.

Form 990, Part III, Line 4b - Program Service Accomplishments

b.) Angel Grants - supporting child focused programming globally. NCC Angel Grants is focused on supporting numerous relief and research programs related to children's cancers and diseases, so that children have the treatments that they need today, as well as hope for tomorrow's cures.

Our largest support within the Angel Grants program is that of access to modern FDA approved specialty and biological medicines to pediatric patients all over the world that require these medicines. Throughout the world, children with serious chronic diseases are not able to access the leading and proven therapies to properly treat their illnesses. These medicines often require refrigeration and special handling, for which NCC has developed experience and expertise. NCC partners with global manufacturers of innovative therapies to create access of life-saving drugs for pediatric patients with cancer, leukemia, hemophilia, and enzyme deficiency diseases. The patients that we target are poor with insufficient or limited insurance, who would otherwise not receive these medicines.

The Angel Grants program also seeks to provide seed funding to scientific researchers who are developing innovative treatments that could potentially benefit children suffering with cancer - especially to investigators focusing on leukemia and brain cancer research. In the past year, NCC has assisted the following institutes with financial grant support, which included: The Children's Hospital of Philadelphia, The Children's Hospital of Pittsburgh, Emory University School of Medicine Children's Center, Stanford University School of Medicine, Vanderbilt-Ingram Cancer Center, and the Wake Forest University School of Medicine.

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part III, Line 4c - Program Service Accomplishments

c.) NCC Provides - This growing NCC program seeks to provide Americans with cancer or other serious illness or disease with the required medical goods and or financial assistance that they require to be able to complete their treatments or have an improved quality of life. The NCC Provides program addresses the important needs of those patients across the United States who are unable to access specific medical and non-medical services associated with their cancer or serious disease due to unforeseen circumstances. On a limited basis, this program directly meets these needs by providing monetary grants to needy cancer patients. In other circumstances, providing in-kind assistance, such as prescription medicines, nutritional supplements, or other medical goods is appropriate and allows continuation of treatment by the patient's physician.

In collaboration with cancer centers and hospitals around the United States, over the years NCC has made available small financial assistance awards directly to those in need allowing help with transportation or lodging expenses associated with treatments, meals or nutrition requirements, helping to cover the costs of prescribed medicines or laboratory / diagnostic tests, or with insurance co-pays. When not met, these necessary expenses are often the leading factors in a patient not being able to fully comply with their cancer treatment regime. However, depending on the patient's unique circumstances, the NCC funds can be used to help with many other medical or non-medical expenses associated with the patient's required treatment. Our staff works with medical staff or social service representatives at the program participating medical institutes to screen appropriate patients for this program and to ensure that whatever support is provided will go toward the overall goal of helping that patient to complete or continue their treatment. NCC has received financial assistance from individuals,

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part III, Line 4c - Program Service Accomplishments (continued)

corporations and non-profit organizations for this program.

In the current year, NCC enacted a pilot program with support from a global hemophilia therapy manufacturer to help provide access to much needed Factor VIII and Factor IX for pediatric hemophilia patients attending summer camps across the USA. This program provided over \$650,000 worth of life saving therapies which enabled these children to safely participate in their summer camp programs. NCC is working hard to expand the program and affect more hemophilia camps across the USA.

In addition, NCC also continued on a smaller scale providing much needed specialty therapies to hospices in the USA whose underserved patients were in need of those medicines.

Form 990, Part III, Line 4d - Other Program Services Description

d.) NCC Education and Prevention- providing useful information to cancer patients and their families. The National Cancer Coalition develops and distributes educational materials, resources, televised public service announcements, and conducts national mail, telephone and volunteer campaigns.

By providing cancer educational materials to millions of homes, NCC continues to empower the individual to make informed decisions regarding cancer and its causes.

Over the years, NCC has developed cancer prevention messages and televised public service announcements (PSA). NCC PSAs have been viewed by millions of viewers on broadcast and cable stations across America. Recognizing that all types of media are necessary to deliver the message in today's high technology world, our website provides cancer and disease information to the world. It can be visited at: www.nationalcancercoalition.org.

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Form 990, Part VI, Line 11 - Form 990 Review Process

Prior to filing of the 990, the completed draft is submitted to all board members for their review. The directors then meet to discuss the 990 and provide input and ask questions.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Officers and Directors are provided a conflict of interest form, as well as a list of vendors and significant donors and are asked to disclose any relationship. If any relationship is discovered, it would be reviewed by the non-affected board for appropriate action.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

Prior to approval of compensation for officers, or key employees, the compensation committee obtains comparative compensation information from salary surveys, form 990's and outside experts. The compensation committee then makes a recommendation, based on all the available information, to the full board of directors. The board of directors then meets to consider the recommendation and vote on the proposed compensation.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AK AR AZ CA CO CT FL GA HI IL KS KY LA MA MD MA MI MN MS NH NJ NM NY ND NC OK
OH OR PA SC TN UT VA WI WA WV

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

BAA

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | Employer identification number |
| | The National Cancer Coalition, Inc. | 76-0435022 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. | |
| | 333 Fayetteville Street #1500 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | Raleigh, NC 27601 | |

Check type of return to be filed (file a separate application for each return)

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Hall Overall

Telephone No ▶ (919) 821-2182 FAX No. ▶ (919) 821-4390

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning 10/01, 20 09, and ending 9/30, 20 10

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|--|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization | Employer identification number 76-0435022 For IRS use only |
| | The National Cancer Coalition, Inc. | |
| | Number, street, and room or suite number. If a P.O. box, see instructions | |
| | 333 Fayetteville Street #1500 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | Raleigh, NC 27601 | |

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ Hall Overall
Telephone No ☒ (919) 821-2182 FAX No ☒ (919) 821-4390
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 8/15, 20 11
- 5 For calendar year _____, or other tax year beginning 10/01, 20 09, and ending 9/30, 20 10
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Additional time is required to compile all required information for form 990

| | |
|---|--------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs | 8c \$ |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐ Title ☒ CFO Date ☐